

1. Assess airway and initiate basic and/or advanced airway maneuvers prn (*MCG 1302*)
2. Administer **Oxygen** prn (*MCG 1302*)
3. Assess for signs of trauma  
If traumatic injury suspected, treat in conjunction with *TP 1244, Traumatic Injury*
4. Control bleeding with direct pressure ❶
5. For epistaxis:  
Control bleeding by pinching nose just distal to nasal bone with head in neutral position and patient sitting forward ❷  
Document Provider Impression – *Epistaxis*
6. For tooth avulsion:  
Handle it by the enamel (crown) and do not touch the root  
Place in container with **Normal Saline**
7. For complaints of throat irritation and/or foreign body sensation:  
Assess for airway obstruction, if present treat per *TP 1234, Airway Obstruction*  
For throat complaints without airway obstruction, document Provider Impression – *ENT/Dental Emergencies*
8. Establish vascular access prn (*MCG 1375*)
9. For pain management: (*MCG 1345*)  
**Fentanyl 50mcg (1mL) slow IV push or IM/IN**  
Repeat every 5 min prn, maximum total dose prior to Base contact 150mcg  
**Morphine 4mg (1mL) slow IV push or IM**  
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg  
  
**CONTACT BASE** for additional pain management after maximum dose administered:  
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg
10. For nausea or vomiting:  
**Ondansetron 4mg ODT/IV/IM**, may repeat x1 in 15 min prn

**SPECIAL CONSIDERATIONS**

- ① If unable to sit upright due to poor perfusion or concerns for trauma with possible thoracic or lumbar spinal injury, consider log rolling on side to prevent airway compromise.
- ② To prevent aspiration and for patient comfort, sit patient in high Fowler's position leaning forward and suction prn.